

Sedro-Woolley High School Athletic Packet

VALID JUNE 13, 2015– JUNE 14, 2016

THE following MUST be on file in the
Athletic Office or purchased before the first practice

ASB CARD - \$40.00

PARTICIPATION FEE - \$40.00

EMERGENCY INFORMATION CARD

INSURANCE

ATHLETIC CODE

PHYSICAL - Good for 2 years but can not expire during season

The first practice for the 2015-2016
Sport Seasons are:

FALL

F a l l (F o o t b a l l - A u g u s t 19)

Football

(All Others - A u g u s t 24)

Cross Country, Girls' Soccer, Girls' Swimming, Volleyball, Boys' Tennis

WINTER

(N o v e m b e r 16)

Boys' Basketball, Boys' Swimming, Girls' Basketball, Girls' Wrestling, Boys' Wrestling

SPRING

(F e b r u a r y 29)

Baseball, Boys' Golf, Boys' Soccer, Girls' Golf, Girls' Tennis, Fastpitch, Track

To get up to date information on games and cancellations, sign up at

NWCAthletics.com



Sedro-Woolley School District

Concussion Information Sheet

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 6/15/2009. A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

Headaches	“Pressure in head”
Nausea or vomiting	Neck pain
Balance problems or dizziness	Blurred, double, or fuzzy vision
Sensitivity to light or noise	Feeling sluggish or slowed down
Feeling foggy or groggy	Drowsiness
Change in sleep patterns	Amnesia
“Don’t feel right”	Fatigue or low energy
Sadness	Nervousness or anxiety
Irritability	Concentration or memory problems (forgetting game plays)
Repeating the same question/comment	

Signs observed by teammates, parents and coaches include:

Appears dazed	Vacant facial expression
Confused about assignment	Forgets plays
Is unsure of game, score, or opponent	Moves clumsily or displays incoordination
Answers questions slowly	Slurred speech
Shows behavior or personality changes	Can’t recall events prior to hit
Any change in typical behavior or personality	Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years: “a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time” and “...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. And when in doubt, the athlete is out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/Concussioninyouthsports/>

Sedro-Woolley Athletics/Activities Codes

1. ACTIVITIES GOVERNED BY THE ATHLETIC/ACTIVITY CODE

The following are considered athletics/activities and include, but are not limited to: all interscholastic athletics, student body officers, cheerleaders, dance/drill team, performing drama groups, performing music groups, debate, and those other activity organizations recognized by the ASB and that represent the school in public.

2. ATHLETIC DEPARTMENT REQUIREMENTS

In order to be eligible for the first practice you must have the following items signed, dated, and returned to the athletic office:

1. Valid Physical Form
2. Proof of Medical Insurance or purchase school insurance
3. Signed Athletic Code
4. Emergency Medical Form
5. Valid ASB Card
6. Activity Fee

3. PERIOD OF COVERAGE

The code applies to all students who participate in any school sponsored athletic/activity program from the 1st day of fall practice through the end of the school year, regardless of whether they are currently active or not. There will be no time during the regular school year designated off-season. This code shall also apply to students involved in the school-sponsored activities during the summer months. The provisions of the code shall govern from the 1st day of fall practice of any given school year and will carry over to the next season that he/she turns out.

4. ACADEMIC ELIGIBILITY

All WIAA academic and attendance rules apply to determine eligibility. Additional information can be obtained through the Sedro-Woolley High School Athletic/Activities Department. During the season, all Sedro-Woolley athletes are required to maintain passing grades in all classes. Grade checks are required every four-week grading period. If a student is failing one or more classes, to include the Senior Project, at a grade evaluation (progress/quarter/term) he/she will immediately be out of contests for a two-week period. The student will be allowed to appeal one time per semester, excluding a final semester grade. After two weeks, students with one or more failing grades will be rechecked for eligibility by the athletic department. If the student is passing all classes after the two-week athletic department check, he/she can continue to compete in contests. If the student has one or more failing grades after two weeks, he/she will be out of contests for a two-week period of time. All students including incoming 9th grade and transfer students shall enter SWHS under this policy.

5. ATTENDANCE REQUIREMENTS

Students must attend all class periods enrolled in order to participate in that day's practice, game, show, banquet, contest and/or competition unless prior arrangement has been made with administration. Emergency exceptions must receive administrative approval.

The athletic department will be checking the daily attendance report to verify and enforce.

6. INDIVIDUAL COACH/ADVISOR EXPECTATIONS

The student shall observe additional expectations stipulated by coach/advisor of each particular program. Participation in extracurricular activities is a privilege, not a right. All participants are expected to focus on academic performance by striving to do their personal best, demonstrate high levels of citizenship by refraining from any form of violence, harassment, hazing or bullying and observe the standards for dress and grooming. Coaches/advisors will notify participants as to the standards they expect.

7. QUITTING/SUSPENSION

An athlete having been suspended from one sport may not turn out for another sport in the same season. This does not apply to being cut. Athletes may transfer from one sport to another within the first two weeks of the season. Transfers after two weeks can only be done with permission from both coaches. Any athlete who quits a sport must conference with and be signed out by the head coach of

that sport in order to be eligible for any subsequent activity participation.

8. TRANSPORTATION

Participants must travel to and from contests away from Sedro-Woolley in transportation provided by the school. The only exceptions permitted are: Injury to a participant, which would require alternate transportation, and/or completed and approved "Authorization to

Ride Home" forms between participant's parent/guardian, coach/advisor and high school administration.

9. INJURIES

An athlete who has been injured and has had medical treatment cannot participate until a signed release from the doctor is presented to the head coach. The athletic director will keep the release form on file.

10. EQUIPMENT/UNIFORMS

School-owned equipment checked out by a participant in any athletic/activity is his/her responsibility. The loss or misuse of this equipment will be the financial obligation of the participant. Participants will not be allowed to continue competition, receive awards, or continue into succeeding activities until the financial obligation is fulfilled or equipment is returned to its original state.

11. TOBACCO, ALCOHOL and CONTROLLED SUBSTANCES POLICY

When a participant is in the presence of an illegal activity that would constitute a code violation, as mentioned below, they will be subject to the discipline standards in the ATHLETIC/ACTIVITY CODE VIOLATIONS MATRIX. They need to remove themselves from that situation immediately. Parents will be notified of any investigation done by the school in regards to participants allegedly involved in use, consumption, possession, transmittal, or selling of alcoholic beverages, drugs, drug paraphernalia, controlled substances, e-cigarettes, or tobacco (including smokeless tobacco).

The Tobacco, E-Cigarette, Alcohol and Controlled Substance violations will accumulate throughout the student's high school career.

W.I.A.A., Sedro-Woolley School District and the Sedro-Woolley Athletic Department do not condone the use, consumption, possession, transmittal, or sale of any tobacco, e-cigarette, alcohol, or controlled substance products (including illicit drugs, steroids and legend drugs) by any athlete or member of any ASB sponsored clubs or activities at any time. The individual sport programs or clubs will follow the school policy concerning the use of any of these by any member. Suspended athletes will be allowed and are expected to participate in practices but not events.

12. ATHLETIC/ACTIVITY CODE VIOLATIONS MATRIX

Tobacco/ E-Cigarette	Athletics	Clubs/Activities
First Offense	7 days out; 1-2 events out; level 1 tobacco intervention	Suspended from club meetings and activities for 21 calendar days (3 weeks) including activities occurring during vacation days. Level 1 tobacco intervention
Second Offense	14 days out; 2-4 events out; level 2 tobacco intervention	Suspended from club meetings and activities for 42 calendar days (6 weeks) including activities occurring during vacation days. Level 2 tobacco intervention
Third Offense	Out remainder of year	Suspended from club meetings and activities for 84 calendar days (12 weeks) including activities occurring during vacation days. Level 3 tobacco intervention
Alcohol		
First Offense	14 days out; 2-4 events out; assessment completed	Suspended from club meetings and activities for 42 calendar days (6 weeks) including activities occurring during vacation days. Complete Drug/Alcohol assessment.
Second Offense	Out remainder of year; assessment completed if wanting to participate in the future.	Suspended from club meetings and activities for 84 calendar days (12 weeks) including activities occurring during vacation days. Complete Drug/Alcohol assessment.
Third Offense	Out remainder of HS career	Suspended from all clubs for remainder of HS Career.
Drugs/Illegal Substances		
First Offense	Out remainder of season; assessment completed if wanting to participate in the future may appeal for re-instatement as per WIAA; 30 calendar day minimum	Suspended from club meetings and activities for 42 calendar days (6 weeks) including activities occurring during vacation days. Complete Drug/Alcohol assessment.
Second Offense	Out remainder of year; assessment completed if wanting to participate in the future	Suspended from club meetings and activities for 84 calendar days (12 weeks) including activities occurring during vacation days. Complete Drug/Alcohol assessment.
Third Offense	Out remainder of HS career	Suspended from all clubs for remainder of HS Career.

DISCIPLINE/GRIEVANCE PROCEDURE

Procedures for grievances/hearings/appeals will be followed according to guidelines established in School Board Policy. A copy of the procedures will be given to the student and parent/guardian upon request.

A participant who is appealing discipline under this code will be allowed to practice, rehearse, and attend meetings, but not compete, perform, or represent Sedro-Woolley High School in any athletic/activity program until due process is completed.

Sedro-Woolley School District Physical Examination

Name _____ Age _____ Grade _____
Height (Inches) _____ Weight _____ Pulse _____ BP _____
Vision: Right _____ Left _____ With glasses/Contacts Yes No

<u>NORMAL</u>	<u>ABNORMAL (describe below)</u>
() Eyes (pupils equal)	()
() Teeth	()
() Head	()
() Chest	()
() Lungs	()
() Heart	()
() Abdomen	()
() Neurologic	()
() Skin	()
() Physical Maturity	()

Recommendation: () No contraindication to full participation
() Has following limitations, but may participate:

() Participation CONTRAINDICATION for the following reasons:

I certify that I have on this date examined this pupil and find him/her physically able to compete in supervised interscholastic activities.

_____ Date
_____ Examiner's Signature
_____ Examiner's Name (please print)

.....

ORTHOPEDIC EXAMINATION

<u>NORMAL</u>	<u>ABNORMAL (describe below)</u>
() Shoulders, upper Extremities	()
() Lower Extremities	()

_____ UNRESTRICTED ACTIVITIES _____ NEED FURTHER EVALUATION

_____ LIMITED PARTICIPATION _____

EXAMINER'S SIGNATURE _____

.....

SIGN-OFF SIGNATURE _____ DATE _____

RECOMMENDATION _____ UNRESTRICTED ACTIVITY _____ LIMITED PARTICIPATION
_____ REQUIRES FURTHER EVALUATION

STUDENT PREPARTICIPATION HEALTH HISTORY
(To be completed by parent)

Students Grade in Fall _____

STUDENTS NAME _____ Birth date _____

Address _____

Phone _____ Anticipated Sports _____

HEALTH HISTORY FOR THE STUDENT TO BE COMPLETED BY THE PARENT

1. YES NO Recent illness/injury, or illness/injury now?
2. YES NO Medical problem, illness or injury since last exam?
3. YES NO Chronic or recurrent illness?
4. YES NO Illness lasting more than a week?
5. YES NO Ever been hospitalized overnight?
6. YES NO Surgery other than tonsillectomy?
7. YES NO Any injuries requiring treatment by a doctor?
8. YES NO Organ missing other than tonsils?
9. YES NO Presently taking ANY medications?
10. YES NO ANY allergies?
11. YES NO Chest pains, dizziness, fainting, passing out during exercise?
12. YES NO Tire more easily than friends during exercise?
13. YES NO Problem with blood pressure or heart?
14. YES NO Close relatives have heart problems or sudden death before 50?
15. YES NO Skin problems?
16. YES NO Fainting, convulsions, seizures, or severe dizziness?
17. YES NO Frequent severe headaches?
18. YES NO Ever had a "stinger" or "burner" or "pinched nerve"?
19. YES NO Ever has been "knocked out" or "passed out"?
20. YES NO Ever had a neck or head injury?
21. YES NO Ever had heat exhaustion, heat stroke, or similar heat-related problems?
22. YES NO Asthma, or trouble breathing or cough during or after exercise?
23. YES NO Wear eyeglasses, contact lenses, or protective eye wear?
24. YES NO Problems with eyes or vision?
25. YES NO Wear any dental appliance such as braces or bridge?
26. YES NO Knee or ankle injury?
27. YES NO Injured any other joint? (shoulder, wrist, finger)
28. YES NO Ever had a broken bone? (fracture)
29. YES NO Ever had a cast, splint, or had to use crutches?
30. YES NO Need to use special equipment for competition? (pads, braces, etc)
31. YES NO Has it been more than 5 years since their last tetanus booster shot?
32. YES NO Worried about their weight?
33. YES NO FEMALES: Had any menstrual problems?
34. YES NO Any medical concerns about participating in a sport?

Comment on all above YES answers (list the number)

Parent Signature _____ Date _____

Student Signature _____ Date _____

SEDRO-WOOLLEY HIGH SCHOOL ATHLETIC REGISTRATION FORM

Student Name _____ Birth date _____ Age _____ 15-16 Grade _____

Home Address _____ Phone _____

Parent/Guardian Address _____ Phone _____

Person(s) with whom student resides if other than parent/guardian _____

Fall Sport _____ Winter Sport _____ Spring Sport _____

ATHLETIC ELIGIBILITY

Please answer the following questions pertaining to athletic eligibility. False information may result in loss of athletic eligibility for a period of one year.

- yes no 1. The student is currently enrolled at least halftime or more at Sedro-Woolley High School?
Please circle if any of the following apply - State Street / Home School / Running Start / Foreign Exchange Student
- yes no 2. The student resides within the Sedro-Woolley School District with parent(s) or legal guardian(s)?
- yes no 3. The student was in attendance in school at least 15 weeks of the previous school semester?
- yes no 4. The student has passed five (5) full-time subjects or earned two (2) college credits last semester?
- yes no 5. The student is under the age of 20 and has not been enrolled more than 4 consecutive years?

School attended Last Year _____ from (month/year) ____/____ to ____/____

INSURANCE

I understand that the Sedro-Woolley School District requires medical insurance for my child and that they provide the option to purchase student insurance from a private carrier.

Check One: WAIVER - I have medical insurance with _____ policy # _____
that covers high school athletics and DO NOT wish to purchase school insurance.

YES - I will purchase school endorsed private carrier insurance. The school insurance is not intended as primary coverage.
School Insurance packets are available in the athletic office. It can take up to 10 days to 2 weeks to process.
Policy # _____

PARENT CONSENT AND ASSUMPTION OF RISK

Participation in interscholastic sports in the Sedro-Woolley School District is a voluntary, extra-curricular activity. Participation in interscholastic sports can result in an injury of some type. The severity of such injury can range from minor cuts, scrapes, muscle strains or broken bones to catastrophic injury, such as complete paralysis or even death. No amount of reasonable supervision or training can completely eliminate the risk of possible injury. Careful consideration should be given to the risks and dangers associated with interscholastic sports before making a decision to participate.

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instruction regarding playing techniques, training and other team rules, and agree to obey such instructions. We further acknowledge that some sports that involve sometimes-violent person-to-person contact, and therefore the risk of injury in these sports is even greater than other sports.

RIDE PERMIT

I give permission for my child to travel to the athletic/activity contests in transportation arranged by school officials. I understand that my child must travel to and from contests away from Sedro-Woolley High School in transportation provided by the school. Exceptions permitted are: (1) injury to a participant which would require alternate transportation and (2) prior arrangement between participant's parent/guardian and a high school administrator.

GOLF & SWIM ATHLETIC FACILITY TRANSPORTATION

Sedro-Woolley School District provides transportation to away contests only for swim & golf. However, it does not provide transportation to or from Fidalgo Pool for swim team members, nor to or from Avalon Golf Course for golf team members. I agree to provide safe transportation for my child to and from the Fidalgo Pool/Avalon Golf Course for team practice and home contests. If my child is of legal driving age, I give permission for him/her to drive their own vehicle to off-site practices. All athletes who need to practice at an off-campus facility will follow the same guidelines as swim and golf.

ATHLETIC/ACTIVITIES CODE

We, the student and parent/guardian, acknowledge that we have received a copy of the Sedro-Woolley High School Athletic/Activity Code. We have read and agree to abide by the rules and regulations covered in the Sedro-Woolley High School Athletic/Activity Code from the start of Fall Sports to the end of the school year, 24 hours a day, accumulative throughout all high school years.

By signing we acknowledge that we have read and understand the Sedro-Woolley Athletic Packet including the Concussion Page, Athletic/Activities Code, Parent Consent and Assumption of Risk, and Transportation Permit, and grant permission for _____ to participate in interscholastic athletics.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

SEDRO-WOOLLEY HIGH SCHOOL EMERGENCY MEDICAL FORM

Name of Athlete: _____ Grade _____

List any Special Medical Conditions Here: _____

In case of an emergency involving my child, the coach or other appropriate Sedro-Woolley School District official is authorized to take all steps which may be necessary including, without limitation, the following when and if appropriate in the judgment of the official (not necessarily in the order stated when more than one step is taken): (1) call 911 or an equivalent number to summon emergency medical assistance, (2) call me or any other persons listed below, (3) call our physician/clinic listed below, (4) if unable to reach persons identified in (2) and (3) above: (a) call or take my child to a locally available physician or (b) take my child to a local hospital. I hereby authorize any provider of medical assistance listed above including any physician, paramedic, and any hospital to provide such medical treatment and procedures as may in his/her/its judgment be necessary.

As parent/guardian, I authorize a qualified physician to examine the above-named person and in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, the physician deems necessary to insure proper care of any injury. Every effort will be made to contact parent/guardian to explain the nature of the problem prior to any involved treatment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Information

Mother/Guardian: _____ Home _____
 Work _____ Cell _____

Father/Guardian: _____ Home _____
 Work _____ Cell _____

Emergency Contact Person

Emergency Contact: _____ Home _____
 Work _____ Cell _____

Physician & Insurance Information

Family Physician: _____ Phone _____

Insurance Company: _____ Policy # _____

Athletic Clearance Form (OFFICE USE ONLY)

<p><u>Fall</u></p> <p>Sport _____ Athletic Office Clearance _____ Date _____</p>

<p><u>Winter</u></p> <p>Sport _____ Athletic Office Clearance _____ Date _____</p>

<p><u>Spring</u></p> <p>Sport _____ Athletic Office Clearance _____ Date _____</p>

<p>Physical Expires: _____ ASB: _____ PART FEE: _____</p>

Sedro-Woolley High School

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Sedro-Woolley High School believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in “Name of School / School District” athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date